

# Baseball



## ROCKAWAY TOWNSHIP BASEBALL Medical Release



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

League Name: **ROCKAWAY TOWNSHIP BASEBALL ASSOCIATION**

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ In

Case of emergency contact:

\_\_\_\_\_  
Name Phone Relationship to Player

\_\_\_\_\_  
Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medications. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.